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## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF  
EDNA L. FOLEY, R.N.

ILLINOIS.—The Infantile Paralysis After-Care Committee of the Visiting Nurse Association of Chicago, together with the Home for Destitute Crippled Children and the Country Home for Convalescent Children recently entertained Dr. Robert W. Lovett of Boston, who addressed the members of these three boards and their friends on the subject of after-care of infantile paralysis.

During the course of his lecture, Dr. Lovett emphasized that there were three things which added very greatly to the comfort, economic value and personal happiness of cripples: first, the ability to sit down; second, the ability to walk, with or without crutches; third, the ability to go up and down stairs. So many cripples are confined to beds, to wheeled chairs, or to walking on one level, that he especially emphasized these three things.

In a recent study made of the 811 cases under the supervision of the committee and of the twelve nurses who devote all of their time to the home after-care, it was brought out again and again that children supposedly hopelessly crippled when first seen, had been aided in all three ways. A statistical study of the results is not yet completed, but during the year, 17,528 visits to the homes of children have been made and more than 200, of the 630 children carried on the books when the year closed, were attending either public schools or were in special rooms for crippled children in the public schools. Perhaps one of the most interesting families in which the home care of the nurses has meant a great deal is the following:

During the latter part of August and the first of September, 1920, four children in one family, between the ages of seven and fifteen years, became ill with infantile paralysis. When they returned from the hospital, the younger boy showed no signs of paralysis but a general weakness, such as results in any acute illness, from which he quickly recovered. The older boy had a marked weakness of the left leg; he was unable to maintain balance or bear any weight on this leg. After the usual care he improved sufficiently to be able to attend school within four months after the illness. A muscle examination shows normal power. The older girl had a moderate degree of paralysis of the right arm, the shoulder muscles showing only a slight trace of power. She, also, attends school again, is able to use her hand in writing, and the entire arm has gained remarkably. The younger girl has not been as fortunate as the other three. Her paralysis was more severe and extensive. The abdominal and back muscles and those of both legs were affected. She has been kept in bed to guard against a curvature of the spine, but is now wearing a brace and beginning to sit up. The mother has

worked with the nurses splendidly. She deserves a great deal of credit for her untiring efforts in the care which the children almost constantly require. Through it all she has been most patient and cheerful.

**ITALY.**—Word recently received from the Public Health Nursing courses in Italy, established by the Tuberculosis Commission of the American Red Cross in the years 1919-20, tells us that the fourth Rome course was opened in October with an attendance of twenty-five pupils, all of whom were either graduate nurses or Red Cross nurses who had had war hospital experience. In addition to this, the third course in Florence opened in January and courses have been planned in Trieste, Milan and Turin. Nurses attempting pioneer work in isolated places, whether at home or abroad, will be interested in the quotations from a letter just received from Georgianna Sheldon, Director of the American Hospital for Italian Wounded Soldiers maintained in Florence during the war:

It is surprising, almost overwhelming, the success of your work. When I recall that awful meeting which we called together in January or February, 1919, to meet Miss Gardner, to talk the matter over, nine out of ten people were hostile or absolutely indifferent. Two months later, when some prominent Florentine women presented the visiting nurse course, planned by Miss Gardner for Rome, in a local committee meeting, the leading doctors present ridiculed the idea.

Day before yesterday (December, 1920), I was at a meeting of the Council at the Maternity Hospital and much time was spent by Doctor F. in lauding the work of the visiting nurses, and members of the Council loudly asked that every effort be made to increase their number.

The new course begins January third. See what you have done for us! It ought to be a pleasant thought for the New Year.

**SMALLPOX AND ITS CONSEQUENCES.**—Visiting nurses will be interested in the following letter from a former Chicago visiting nurse whose name and present location for obvious reasons have been omitted:

The school work has kept me very busy the past month as we have had a smallpox epidemic. During the height of the epidemic more than sixty families had it. In one family a father and six children were ill and to make matters worse, the mother give birth to a baby boy. Fortunately the majority of cases were mild and no deaths resulted.

No doubt Mexican beet workers carried the smallpox into the families and as nothing had been done during the past ten years, towards having the school children vaccinated, the spread was rapid. I urged vaccination last fall but it took a little time before the school board passed on it. Now nearly all of the children have been vaccinated and of those who would not consent to it, only forty were excluded from school for a period of three weeks until the epidemic was over.

We kept the schools open; in fact, in a small town where people think less of having smallpox than of being vaccinated, it really was the safest thing but it required work to discover all of the suspected cases. Instead of going to the various rooms to inspect the children, I asked each teacher to question all of the children as to their health, and also as to any illness at home, each morning before

they were permitted to take their seats. Those who had colds, sore throats, back aches, or headaches were sent to me and, if necessary, excluded. In addition to this, each teacher gave a list of absentees (absent more than one day), each morning at nine-fifteen, and I endeavored to call each one who had a telephone. In some instances this conversation made the parents look more closely at the children and a rash was discovered. A number of children were excluded from school on account of high temperatures and headaches, who later developed smallpox.

During the height of the epidemic the City Council wanted me to investigate suspected cases in the homes and a machine was placed at my disposal. The mornings were spent in the schools and in the afternoons visits were made all over town, sometimes four miles out into the country. In one place, three miles out, a school child had every evidence of smallpox but the mother thought nothing about it and had called no physician. She told me she was going to town that afternoon to visit her sister, just operated upon at one of the hospitals. Of course she did not go.

Rich and poor were affected alike and quarantine signs were seen all over town. It makes it hard for the wage-earner to be quarantined for several weeks, yet the people responded very readily to appeals for help. When the epidemic first started, a child excluded for contagion returned a few days later with an admission note signed by one of the leading physicians. On looking the child over, I found the rash in various stages of development and although it made me more than a little trouble, I told her that she could not remain in school. Later my action came to the attention of the other physicians in town and instead of being censured, I was upheld. This child was the cause of much trouble, as she was permitted to play with other children on the streets for several days before quarantine was finally enforced.

There are many problems to meet, even in a small community, and to have no one to turn to for advice makes it difficult at times.

It is just such nurses as this, who are brave enough to do their duty in spite of its difficulties, that the National Organization for Public Health Nursing is trying to help.

FRAMINGHAM MONOGRAPH No. 8 is a compilation of health letters reprinted from the Framingham Evening News. While all of them are helpful, the ones on smallpox and vaccination, page 61, are particularly significant just now and every nurse working alone or with a group will want to read them. The pamphlet is one of the best textbooks for nurses who must do a good deal of instructive work, that has been published for some time, and every nurse will want to own it for the clarity of its style is only exceeded by the brevity of its articles. Meaning has never been sacrificed to conciseness but the articles are brief, simply written, very much to the point, and will be as helpful to the nurse herself as to the families in which she uses the material. The following quotation from the first letter on smallpox is especially pertinent right now:

Our forefathers respected smallpox. Vaccination has lessened its frequency and severity for us and has made us indifferent to it. Consequently, fewer people

get vaccinated than was formerly the case. Many are vaccinated in childhood, but it must be remembered that this holds good for only five or six years. Therefore, at the present time, there are probably more people in the world who are susceptible to smallpox than there have been at any time during the past few centuries. This is a serious matter, and may be the soil for a tremendous outbreak.

**THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING.—** At a special meeting called in New York City on December 11, to discuss ways and means of further support of the organization, the members present unanimously voted to change the by-laws covering dues so that in 1921, the dues for active and associate members are increased from \$2.00 to \$3.00 each, and the dues for corporate members employing twenty-five or fewer nurses increased from \$5.00 to \$10.00 each, and dues for corporate members employing more than twenty-five nurses increased to \$25.00. The following statistics cannot fail to be of interest to all graduate nurses, whether actively engaged in public health nursing or not:

|            | <i>Receipts</i> | <i>Disbursements</i> | <i>Dues</i> | <i>Per Cent</i> |
|------------|-----------------|----------------------|-------------|-----------------|
| 1914 ..... | \$ 8,856.66     | \$ 7,103.12          |             |                 |
| 1915 ..... | 10,120.13       | 9,150.64             | \$2,261.45  | 22%             |
| 1916 ..... | 11,049.77       | 10,881.41            | 2,551.20    | 23%             |
| 1917 ..... | 22,414.33       | 22,553.57            | 3,472.00    | 15%             |
| 1918 ..... | 49,600.29       | 42,792.92            | 5,280.25    | 10%             |
| 1919 ..... | *81,385.13      | 81,501.10            | 6,449.50    | 7.9%            |

\*Including Scholarship Fund of \$10,000.00.

Much as we appreciate the splendid help that our non-professional members have given us all these years, the nurses themselves surely realize that the organization can never be as strong as we wish it to become, unless more money is raised either from or through the nursing membership. Therefore, in its new campaign for sustaining members, the organization is asking every public health nurse in the country to secure not less than two non-professional sustaining members whose moral support and newly acquired interest in this big subject of public health nursing will eventually mean a very great deal for the cause of public health.